



— THE NINETEENTH —

# Annual Report

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ON THE

## Urban District of Aspatria, **FOR THE YEAR 1910,**

BY

The Medical Officer of Health.

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ASPATRIA :

JOSEPH ASKEW, 42, QUEEN STREET.

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1911.

# URBAN DISTRICT COUNCIL OF ASPATRIA.

# ANNUAL REPORT

## Of the MEDICAL OFFICER OF HEALTH.

GENTLEMEN,

In accordance with the requirements of the Local Government Board and County Council I have pleasure in presenting you with my Annual Report on the health of the District during the year, 1910. I shall adhere to my usual custom, and consider first of all the vital statistics during the year, and then compare these with previous years. My statistics are based on a population of 3331, which is a considerable increase on the census of 1901, but not materially different from that calculated for the last three or four years. Our birth rate is always considerably in excess of the death rate, but this natural increase has, more especially during the last four years, been counter-balanced by the amount of emigration which has taken place, and I don't think our population is much different than it was four years ago.

### STATISTICAL SUMMARY.

	1909.	1910.
Area of District in acres	3,309	3,309
Estimated Population	3,331	3,331
Births	111	85
Birth Rate	33.5 per 1000	25.5
Deaths	42	40
Death rate	12.9 per 1000	12.08
Zymotic Deaths	Nil.	1.2
Infant Mortality	63 per 1000 births	129
Tubercular Rate	1.2 per 1000	0.9
Cancer Rate	0.6 per 1000	1.5

### VITAL STATISTICS.

During the year, 85 births were registered, of which 48 were males, and 37 females. These 85 births are equivalent to a birth rate for the year of 25.5 per 1000, as compared with 33.5 per 1000, for 1909, and an average for the decade 1900-1909 of 30.5 per 1000. This is the lowest birth rate recorded since 1900. Four births were illegitimate. Much has been written of late years on the birth rate of the Country, but it would appear evident that no amount of writing will arrest its persistent decline.

### MORTAL STATISTICS.

Forty deaths were registered during the year. Of these 28 were males and 22 females. This number is equal to a death rate of 12·08 per 1000, as compared with 12·9 for 1909 and an average of 13·6 for the ten preceding years.

The annual death rates since 1899 are :—

In 1899	-	-	-	15·2 per 1000
„ 1900	-	-	-	14·1 „
„ 1901	-	-	-	15·2 „
„ 1902	-	-	-	11·0 „
„ 1903	-	-	-	14·5 „
„ 1904	-	-	-	15·8 „
„ 1905	-	-	-	10·0 „
„ 1906	-	-	-	17·9 „
„ 1907	-	-	-	12·3 „
„ 1908	-	-	-	14·7 „
„ 1909	-	-	-	12·9 „
„ 1910	-	-	-	12·08 „

The following is a classification of the ages of death :—

Under 1 year	-	-	-	11
Over 1 year and under 5	-	-	-	4
„ 5 years and under 15	-	-	-	2
„ 15 „ „ 25	-	-	-	0
„ 25 „ „ 65	-	-	-	4
„ Over 65 years	-	-	-	19 Total 40

Cancer proved fatal in 5 instances during the year, and our rate of mortality from this disease is 1·6 as compared with 0·6 in 1909. Tubercle was the cause of death in 3 instances and our rate of mortality is 0·9 as compared with 1·2 in 1909.

### INFANT MORTALITY.

Of infants under one year of age, there were 11 deaths during the year, equivalent to an infantile death rate of 129 per 1,000 births, which contrasts unfavourably with the previous year, viz.: 63 per 1000 births. Two deaths resulted from measles, two from premature birth, three from convulsions, one from meningitis, one from atrophy and debility, and two from congenital defects. Four deaths occurred during the first month, and four during the fifth and seventh months. Ten deaths were of legitimate infants, and one illegitimate. The national importance of the infant mortality rate increases every year as the birth-rate falls, and I much regret that our rate this year has not remained at the satisfactory position of the preceding one. For 20 years in my annual reports I have concentrated on this scandal of Infant Mortality, and I daresay you are tired of the subject, but the

slaughter continues in all its shameful proportions, and its consequences are even more momentous than ever they were. I have long ago come to the conclusion that by attacking this question much can and will be effected for the increase of our essential wealth which is life. The clamour of politics rises and falls, but this fact of the absolutely needless decimation of the real income of the nation sounds above it all. With every bias in favour of emphasising the hereditary factor, one is yet bound to declare that about 90 per cent of babies born in this country are healthy at birth. They die not of defective inheritance but of defective motherhood. The education for motherhood is in my opinion one of the greatest and most urgent needs of our country at this day. We must abandon our prudery, and educate girls as if they might some day discharge the supreme profession of parenthood, upon the quality of which every nation in the last resort depends. Unfortunately our national education of both sexes ceases just at the age when education is really worth while, just when it might most profitably begin. All mothers are endowed with the instincts of maternity, which means that they have love and affection, and a desire to protect from all harm their children, but the question of feeding and clothing has nothing to do with instinct, and the more one is brought into contact with their methods in these directions the more pronounced does their ignorance appear, though their anxiety to do all that is possible may be very evident. Continuation Courses in home-making to girls of 13 and 14 (the age when the maternal instinct begins to develop), have been attended by beneficent results in many towns in the way of stimulating interest in the care of infants and the responsibilities of motherhood. As Miss Ravenshill says: "It is by the adoption of Continuation Courses that we shall strike at maternal inefficiency among the working classes."

Another important factor in protecting the infant population is the provision of a safe milk supply. The methods of the State to ensure control of the milk supplied to the public should be even more strenuous than those which they have formulated to provide pure supplies of water. No legislation dealing with milk supply can be satisfactory unless it involves compulsory supervision over the whole country. Nothing short of this will bestow any adequate protection upon the children. It is imperative that milk from cows suffering from tuberculous emaciation, or giving tuberculous milk should be excluded from sale, and I would also add dirty or unwholesome milk. Such provision was made in the Government Milk and Dairies Bill which I regret was not proceeded with, for from the results of the examination of the series of samples I have from year to year

examined it is clear to me that it is a matter of the gravest importance. Legislation for dealing with this matter, of the kind carried out year after year by individual authorities is costly, ill-contrived and unsatisfactory, and it behoves the Government to fulfil their pledge to promote general legislation for dealing with the milk supply at the earliest possible moment.

#### ZYMOtic MORTALITY.

From the common infectious diseases our death-rate has for many years been very satisfactory, and last year remarkably so, for no death took place. In the year under review we had six deaths, four being due to scarlet fever and two to measles. These six deaths are equivalent to a zymotic death-rate of 1·6 per 1,000 of the population.

#### INFECTIOUS DISEASE NOTIFICATION ACT.

Under this Act I have received notifications as under :—

Scarlet Fever	..	..	112
Diphtheria	..	..	7
Erysipelas	..	..	4
<hr/>			Total 123

A notable feature of the year is the large number of scarlet fever cases which occurred, viz.: 112; 92 being in children between five and 15, 18 between one and five, and one under one year of age. We have had no outbreak of this disease since 1901, when we had 60 cases. The disease first appeared in October of the previous year and was doubtless imported from surrounding villages where it had been prevalent. The mildness of the disease in my opinion accounted for the quickness of its spread. Several cases were discovered where no advice had been sought and no intimation furnished to your authority, the parents stating that the children ailed so little that they were ignorant of the nature of the illness, and saw no need for seeking advice. I quite believe these statements for I saw many children who had the characteristic symptoms, but were otherwise well. I have little doubt many cases in the town in addition to those which came under my notice occurred and were never recognised by the parents. Disinfection was carried out in each case under the personal supervision of the Inspector, and the parents were instructed verbally and by leaflets as to the necessary precautionary measures. The difficulties in the way of combating the disease were very considerable, none being greater than the false opinion held by mothers so tenaciously that scarlet fever is a disease of no importance, and one that every child must have and the sooner they have it the better. Great apathy and lack of sympathetic

co-operation was manifested on the part of people in furthering the efforts of your officials until the occurrence of two deaths which for a time put a stop to the indiscriminate visiting of infected houses. I confess freely I was much disappointed with the results which attended the measures taken to cope with the disease, and bring about its extinction. By the end of October the outbreak had practically subsided. The following table gives the notifications of scarlet fever during each month of the year.

MONTHLY NOTIFICATIONS OF SCARLET FEVER.

January	-	-	-	15
February	-	-	-	21
March	-	-	-	10
April	-	-	-	7
May	-	-	-	5
June	-	-	-	7
July	-	-	-	18
August	-	-	-	11
September	-	-	-	7
October	-	-	-	6
November	-	-	-	2
December	-	-	-	3
				Total 112

**Diphtheria.** Four cases of this disease were reported during the year. Three occurred in one family, all of which had also symptoms of scarlet fever. The fourth case was in a young adult. The diagnosis was at first doubtful, but proved subsequently by the supervention of marked diphtheritic paralysis. The provision by your Council of antitoxin serum, gratis, has been a great boon. The appearance of cases of diphtheria in the town year after year I attribute entirely to our inefficient drainage.

**Measles.** As frequently happens the outbreak of scarlet fever was followed in the month of March by measles, and I at once closed the schools for a fortnight; but I regret to say without any satisfactory result. In April the disease appeared at Harriston, amongst the children attending the Infant School there. 30 children out of 73 were absent from school suffering from the disease, and the remaining 43 had not been protected by a previous attack. After consultation with the County Medical Officer, I closed the school from April 22nd to May 18th with very satisfactory results. Both schools were thoroughly washed and disinfected before re-opening. Two deaths resulted from measles both in children under one year. Several of the patients who suffered from measles had, in addition, an attack of scarlet fever. The latter disease developed first, and was not followed by

measles till all acute symptoms had disappeared. The severity of the attack of measles did not appear to be at all increased by the fact of scarlet fever having recently preceded it.

The Notification of Births Act, 1907, is not adopted in the district.

No case of puerperal fever has been notified during the year, and the administration of the Midwives' Act is under the County Council. The Medical Officer of health is the supervising officer appointed, who visits the midwives who are registered in the district, and issues a report on their work every quarter to the County Council.

Notification of pulmonary tuberculosis is not compulsory in the district, and none are sent voluntarily. All cases are visited and instructed as to the precautionary measures to be observed for the safeguarding of others, and the arrest of the disease. In case of death disinfection is carried out by your Inspector.

**Small Pox.** Before leaving the subject of Infectious Diseases, I would bring before your notice the desirability of providing accommodation for patients suffering from small pox. The neglect of vaccination by the present generation must sooner or later result in a re-appearance of this loathsome disease, which in an unvaccinated population, would quickly assume the proportions of an epidemic, unless the first cases could be satisfactorily segregated.

#### SLAUGHTER-HOUSES.

There are five slaughter-houses in the District which are registered. All are private and situated in different parts of the town. The water supply in all is good but the drainage unsatisfactory. I pointed out in my last annual report the difficulty of supervising so many slaughter-houses in a satisfactory manner, and urged upon your Council the necessity of providing a public one. The Local Government Board desire to be informed by the Medical Officers of Health as to the provisions made by Councils for the inspection of meat, the number and appointments of slaughter-houses, and the number of carcases found diseased. They also wish to be informed of the action taken in the event of a carcase being found diseased, and also whether the Inspector appointed has a special certificate in meat inspection. I visit the slaughter-houses myself frequently during the year and inspect any carcases that are present. I expect the Inspector also makes frequent visits, more especially on killing days, and examines carefully any meat that is exposed. I have not received any report from him during the year of any animals killed being affected with tuberculosis, nor have I seen any myself. But as I

pointed out to your Council in my last annual report, the control exercised over so many of these structures by your officials cannot be very complete, however zealous and vigilant they may be, and the only way to prevent diseased meat being offered for sale is to erect a public slaughter-house and demand and ensure the examination of every carcase slaughtered therein before it is cut up and offered for sale.

#### DAIRIES AND COWSHEDS.

The registered cowsheds in the district are five in number, and not many cattle are kept in any of them. None are what they ought to be, ventilation and light being very defective. A very large percentage of dairy cattle are said to be tubercular, and I am not at all surprised to hear it. 90 per cent of the cowsheds in country districts are not fit for any animal to be in if it is to preserve its health, for they possess neither light, ventilation nor air space worthy of the name, and nothing short of pulling them down and building others will lessen the amount of tuberculosis which exists, and guarantee us a wholesome milk supply. It is impossible to ensure purity of milk so long as we have filthy cows in filthier sheds, devoid of air and light, and it is impossible for the cows to remain long free from the germs of tuberculosis under such conditions, which are those they cherish and thrive under. I feel sure there are few matters of greater importance to the State than this question of milk, for it concerns the lives of the children, and if they are to be preserved it must be clean, wholesome, and free from disease germs.

#### COMMON LODGING-HOUSES.

These have all been done away with and at the present time we have no registered common lodging-houses.

#### OFFENSIVE TRADES.

There are no offensive trades with the exception of fried fish shops, of which there are two. These are visited by your Inspector who reports that all practicable means are adopted to prevent the occurrence of nuisance. No seizures of unsound food have been carried out here and the fish and tubs are found in a wholesome state.

#### FACTORY AND WORKSHOPS ACT.

There are 30 registered workshops in the district all of which are systematically inspected during the year. There are no out-workers. Most of the workshops employ only three or four hands, and all have complied satisfactorily with the Factory and Public Health Acts. No cases of over-crowding have been observed, and one only of insufficient sanitary accommodation. An abstract of

the Act is hung up in all workshops where females are employed, as demanded by the Act.

### **WATER SUPPLY.**

This is derived from the Overwater Gravitation Main and remains of excellent purity, and may be used for all purposes as it possesses a hardness of only four degrees. No sample has been submitted to me during the year for analysis.

### **DISPOSAL OF REFUSE.**

Twice weekly this is collected by your Council's contractor and conveyed in a cart to a disused quarry outside the town. This is invariably carried out in the hours when there are few people about. The ash buckets and bins should be constructed of galvanised iron as they are more easily cleansed and do not break so readily as when made of wood. Covers should also be provided.

### **SEWERAGE.**

For several years the drainage of the town has been under condemnation, and I am glad to be able to report that at the present time your Council is engaged in consultation with engineers as to the best means of sewerage the district.

### **HOUSING OF THE WORKING CLASSES.**

By far the greatest number of the working classes in the district occupy excellent houses, many of which are of recent date. No case of over-crowding has been reported during the year. The Houses and Town Planning Act has been considered by your Council and all the books and cards necessary for complying with its regulations obtained. The Inspector has been appointed the officer for making the examinations and keeping the records under the supervision of the Medical Officer. Our chief difficulty will be to find homes for those against whom closing orders are issued, for any house that is vacated is at once besieged by applicants for it. This Act is undoubtedly a step in the right direction, for all our efforts in the direction of sanitation will prove of little avail unless we take care that the people are provided with healthy houses which are quite as important as good food.

From the Inspector's report I find that 22 notices have been served in regard to nuisances which have all been attended to.

I remain, Gentlemen,

Your obedient servant,

W. P. BRIGGS.

**TABLE I.—Aspatria Urban District.**

Vital Statistics of whole district during 1910 and previous years.

YEAR.	BIRTHS.		Total deaths registered in the district.			Deaths of Non-residents registered in Public Institutions in the District beyond the District.			Deaths of Residents registered in Public Institutions in the District.			
	UND'R 1 YEAR AGE	AT ALL AGES.	Number.	Rate.*	Number.	Rate.	Number.	Rate.*	Number.	Rate.*	Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	2888	73	25·3	10	137	43	14·1	43	14·1	43	14·1	43
1901	2885	82	28·4	6	73	44	15·2	44	15·2	44	15·2	44
1902	3000	95	31·6	9	94	33	11·0	33	11·0	33	11·0	33
1903	3000	94	31·1	15	159	44	14·5	44	14·5	44	14·5	44
1904	3100	104	33·5	16	153	49	15·8	49	15·8	49	15·8	49
1905	3100	99	31·9	9	90	31	10·0	31	10·0	31	10·0	31
1906	3231	89	27·5	15	168	58	17·9	58	17·9	58	17·9	58
1907	3331	101	30·6	10	99	43	12·3	43	12·3	43	12·3	43
1908	3331	107	32·1	13	121	49	14·7	49	14·7	49	14·7	49
1909	3331	111	33·5	7	63	39	11·4	39	11·4	39	11·4	39
1910	3331	85	25·5	11	129	40	12·08	40	12·08	40	12·08	40
<b>Averages for years 1900-1909</b>		<b>3119</b>	<b>95</b>	<b>30·5</b>	<b>11</b>	<b>114</b>	<b>43</b>	<b>13·6</b>	<b>-</b>	<b>-</b>	<b>436</b>	<b>13·8</b>
<b>1910</b>		<b>3331</b>	<b>85</b>	<b>25·5</b>	<b>11</b>	<b>129</b>	<b>40</b>	<b>12·08</b>	<b>-</b>	<b>-</b>	<b>40</b>	<b>12·08</b>

\* Rates in columns 4, 8, and 13, calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

Total population at all ages  
Number of inhabited houses .. .  
Average number of persons per house .. .  
1901 .. .

3100 { At Census  
577 { of  
1901

Institutions outside the district receiving } Carlisle Infirmary.  
Sick and infirm persons from the district, } Carlisle Fever Hospital.

Wigton Workhouse.  
Inirelkeld Sanatorium.

TABLE II.—*Aspatria Urban Council.*

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1910.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.					
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	25 and under 65	65 and upwards
Measles ...	2	2				
Scarlet Fever ...	4		2	2		
Phthisis (Pulmonary Tuberculosis) ...	2				1	1
Other tuberculous diseases...	1		1		1	4
Cancer, malignant disease ...	5					
Premature birth ...	2	2				
Heart diseases ...	5					5
Accidents ...	2				2	
All other Causes ...	17	7	1			9
All Causes... ...	40	11	4	2	4	19

TABLE III.—*Aspatria Urban Council.*

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	Total under 1 month.	1-2 months.	3-6 months.	6-7 months.	9-10 months.	10-11 months.	Total Deaths under One Year.
Measles ...								1	1	
Premature Birth ...	1	1						1		
Congenital Defects ...			1							
Atrophy, Debility, Marasmus...									1	
Meningitis (not Tuberculous)								1		
Convulsions ...					1	2				
Other causes ...			1							
All Causes (certified) ...	1	1	2	4	1	2	2	1	1	11

Births in the year—legitimate, 80; illegitimate, 5. Deaths in the year of legitimate infants, 10; illegitimate infants, 1. Deaths from all causes at all ages—40. Population (estimated to middle of 1910), 3331.

**TABLE IV.—Aspatria Urban Council.**  
 CASES OF INFECTIOUS DISEASE NOTIFIED DURING  
 THE YEAR 1910.

Notifiable Disease.	Cases notified in whole district.						
	At all Ages.	At Ages (Years).					
		Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upw'rd's
Diphtheria (including Membranous Croup) ...	4		1	2	1		
Erysipelas ...	7			2	2	4	1
Scarlet Fever ...	112	1	18	92	1		
Totals ...	123	1	19	94	4	4	1

### FACTORIES, WORKSHOPS, &c.

		Inspections.
Factories ..	..	30
Workshops ..	..	60
Total ..	..	90

### DEFECTS FOUND.

	Found.	Remedied.
Want of Cleanliness ..	1	1
Insufficient Sanitary Accommodation ..	1	1
Total ..	2	2
Workshops on the Register at the end of the year ..	...	30
Matters notified by H.M. Inspector ..	...	2
W. P. BRIGGS, Feb. 14th, 1911.		Medical Officer of Health.

